PEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

Ĭ,

09759037

| CLAIMS AS FILED - PART I (Column 1) (Column | | | | | | | | SMALL EN | ITITY | OR | OTHER SMALL | |
|--|--|---|----------------|-----------------------|------------------------------|------------------|----------|---------------------|------------------------|-----------|---------------------|------------------------|
| TOTAL CLAIMS | | | | | | | | RATE | FEE, | | RATE | FEE |
| FOR NUMBER FI | | | | | NUMB | ER EXTRA | | BASIC FEE | 355.00 | OR | BASIC FEE | ·710.00 |
| TOTAL CHARGEABLE CLAIMS 22 minus 20 | | | | | * 2 | | | X\$ 9= | | OR | X\$18= | 36.∽ |
| INDEPENDENT CLAIMS 4 minus 3 = | | | | | * 1 | | | X40= | | OR | X80= | gυ!- |
| MULTIPLE DEPENDENT CLAIM PRESENT | | | | | | | | +135= | | OR | +270= | |
| * If the difference in column 1 is less than zero, enter | | | | | r "0" in c | olumn 2 | | TOTAL | | OR | TOTAL | 826:- |
| CLAIMS AS AMENDED - PART | | | | | | | | CMALLE | LITITY | | OTHER SMALL E | THAN |
| | | (Column 1) CLAIMS | | (Colur | | (Column 3) |) 1 i | SMALLE | | OR I I | SWALL | |
| AMENDMENT A | | REMAINING AFTER AMENDMENT | | NUM PREVIO PAID | IBER OUSLY | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | ! | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | T CLAMA | = | | X40= | | OR | X80= | |
| | FIRST PRESE | NTATION OF MI | JUIPLE DEF | ENDEN | I CLAIN | | ┚┃ | +135= | | OR | +270= | |
| | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| | | ADDIT. FEE | | • | \ | | | | | | | |
| AMENDMENT B | | (Column 1) CLAIMS REMAINING AFTER AMENDMENT | | PREVI | HEST IBER | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | T OL 4194 | <u> </u> | 41 | X40= | | OR | X80= | |
| | FIRST PRESE | NTATION OF M | JLTIPLE DEP | ENDEN | CLAIM | |] | +135= | | OR | +270= | |
| | | | | | | | | TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |
| | | <u>)</u> _ | | | | | | | | | | |
| AMENDMENT C | | CLAIMS REMAINING AFTER AMENDMENT | | NUM PREVI | HEST MBER OUSLY FOR | PRESENT EXTRA | | RATE | ADDI- TIONAL FEE | | RATE | ADDI- TIONAL FEE |
| | Total | * | Minus | ** | | = | | X\$ 9= | | OR | X\$18= | |
| | Independent | * | Minus | *** | - | <u> </u> = | 41 | · X40= | | OR | X80= | |
| L | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | | | | | +135= | | OR | +270= | |
| * If the ntry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEF | | | | | | | | | | OR | TOTAL ADDIT. FEE | |
| **1 | If the "Highest Nu | Imber Previously Panber Previously Pa | aid For" IN TH | S SPACE | is less tha | ın 3, nter "3." | | | propriate bo | x in co | | |